

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023467

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 46Primary Registration District No. 46Registrar's No. 26

FILED JUN 24 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

| | | | |
|---|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Caldwell</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Caldwell</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kingston</u> | | c. CITY OR TOWN <u>Mirabile</u> | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Berry Rest Home</u> | | d. STREET ADDRESS (If outside, give location) | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Olive</u> Middle <u>May</u> Last <u>Palmer</u> | | 4. DATE OF DEATH Month <u>6</u> Day <u>11</u> Year <u>1963</u> | |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>5-20-1873</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | 11. BIRTHPLACE (City and state or country) <u>Parkville, Mo.</u> |
| 13a. FATHER'S NAME <u>Plesant T. Ford</u> | | 13b. MOTHER'S MAIDEN NAME <u>Nancy Johnson</u> | 14. NAME OF HUSBAND OR WIFE <u>Edmund S. Palmer</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) | | 17. INFORMANT <u>Raymond Palmer, Polo, Missouri</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascular Accident</u> DUE TO (b) _____ DUE TO (c) <u>Arteriosclerosis C.V. Disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ | | INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>8 years</u> | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year <u>May 1963</u> | | 20f. CITY, TOWN, OR LOCATION <u>Kingston Caldwell Mo.</u> | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 21. I attended the deceased from <u>5-15-63</u> to <u>6-11-63</u> and last saw her alive on <u>6-11-63</u> Death occurred at <u>7:15 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | 22b. ADDRESS <u>Hamilton Mo.</u> | |
| 22a. SIGNATURE <u>Frank R. Sale, MD</u> | | 22c. DATE SIGNED <u>6-12-63</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>6-13-1963</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Mirabile Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Mirabile, Missouri</u> | |
| 24. FUNERAL DIRECTOR <u>Clark Funeral Home, Kingston, Mo</u> | | 25. DATE REC'D. BY LOCAL REG. <u>June 20, 63</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Gladys Jones</u> | | | |

(Licensed Embalmer Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~XXX~~ by _____ ~~XXXXXXXXXXXXXXXXXXXX~~

~~XX~~

Student _____

Signature of Student Embalmer

Signed Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kington, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.